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ABSTRACT

This report is a detailed summary of how the contraception counseling and education clinic at Berkeley operates. The clinic is a broad-based contraception service within the student health service, designed to meet the specific needs of college students. It offers contraception education service, and devices, venereal disease screening, pre-marital blood testing and exams, pregnancy counseling, and medical and social-psychiatric referrals in Cowell Hospital on campus. The details that occur in each step of the service offered are outlined thoroughly, and the present seven part evaluation program is described. Titles, qualifications and functions of the employed staff are also given, as well as the types of volunteers and their training. (TA)

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THE CONTRACEPTION COUNSELING AND EDUCATION CLINIC

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Due to changing life styles of college-age men and women, there has emerged a rapidly growing need for contraception services and education to offset the rising figures of unwanted pregnancy, abortion, and venereal disease in this age group.

The Contraception Counseling and Education Clinic is a broad-based contraception service within the student health service, designed to meet the specific needs of college students. It offers contraception education, service, and devices, venereal disease screening, pre-marital blood testing and exams, pregnancy counseling, and medical and social-psychiatric referrals all under the same roof of Cowell Hospital on campus. This report is a detailed summary of how the service operates.

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SPECIFIC OBJECTIVES OF PROGRAM

A. Provide students with simple, clear information on contraceptive methods - how to use them and where to get them.

B. Provide students with a physical examination, contraceptive perscription and supplies at a reasonable cost in an accepting atmosphere.

C. Provide students with gonorrhea screening and education.

D. Provide students with pregnancy counseling in cases of unwanted pregnancy.

E. Provide students with a pre-marital blood test and examination for the marriage health certificate (concurrently with information on birth control.)

HOW PROGRAM IS OPERATED

A. Contraception Education:

The procedure for delivering this service involves a two part plan.

First, a discussion of contraceptive methods is provided at the three evening clinics before the interviews and exams begin.. This is open to all, free of charge, and no appointment necessary. Men are especially encourged to come as we believe contraception is most successful when it is a joint decision and when men also share in the responsibility for family planning.

Second, a Speakers' Bureau is available to send out volunteers into the students' living areas or into community groups on an invitational basis to lead the same contraception discussion. Although on an

invitational basis, the Bureau actively seeks invitations. The discussion is led by both a male and female trained volunteer to impress upon college men as well as women their responsibility in contraception and to also reinforce the "joint decision" idea.

A handout pamphlet will be available covering contraception methods, veneral disease, abortion, morning after treatment and helping agencies in the area. This will be available for all students.

B. Contraception Service:

The procedure for delivering contraceptive services to students involves a four step plan. First, the student participates in an educational discussion led by a trained male and female group leader on the contraceptive methods available today, their pros and cons, their side effects and advantages, cost, directions for use, etc. Questions and participation is invited. Contraceptive devices are displayed and passed around.

Second, the student has an individual interview with a trained volunteer birth control interviewer who reviews her medical history for points to be brought to the doctor's attention. (The training of these and other volunteers is described on page 11). In addition, she (or "he" as we also have many male volunteers) helps the client decide the appropriate method for her use and, based on what needs the client may elicit, offers referrals to the clinic nurse or other clinics or agencies. Students requiring a return visit also have an interview.

Third, the students receive direct medical care. A doctor performs a breast and pelvic exam, a gonorrhea culture and pap smear, review of the medical history and interviewer comments, and weight and blood pressure are recorded. Questions are answered, instructions for use of the method are given and further medical referrals to the Student Health Service clinic are made if indicated. Vaginal discharges are diagnosed and a prescription is given. Personal problems involving sex may also be discussed.

Fourth, (and after the exam), the student is given a final terminal interview by a trained interviewer along with printed information on how to correctly use her specific method and to answer any last questions or smooth out last frictions or incongruities for the patient at times the client may change her mind. The student is charged a clinic fee and buys contraceptive supplies according to her financial ability to pay.

There is no fee for the discussion or interview. If it is financially feasible, clients are charged $9.00 for the medical exam, $3.00 for the pap smear, $2.00 for the gonorrhea culture and this fee covers the cost of revisits for 12 months. The contraceptive methods cost as follows: pills are $1.50 per month, diaphragms $3.00, foam, jelly & creme $1.50, IUD's (including for nulliparous women) $7.50, condoms 10¢.

The majority of the clients select pills for contraception. This brings their yearly cost to $32.00 ($14.00 for the examination, $18.00 for 12 months of pills.) At the present time there is no sliding scale nor facilities for later billing of this fee. Students are told to bring the fee with them the night of the clinic. Students who cannot pay are given referrals to other community agencies. If our budget allows, we hope to implement a sliding scale at some future date. Generally, the students have reacted in netural fashion toward the fee and feel its fair under the circumstances.

The clinic discussion is open to all but the examination and contraception prescription is available only to enrolled men and women students.

Each week we operate 3 evening clinics from 6-10 p.m. Each of these evening contraception clinics serves approximately 20 new clients, 4 IUD insertions, 3-4 returning clients and 3-4 emergency pill clients. Hired staff consists of one nurse counselor and two doctors. Volunteer staff consists of 1 receptionist, 2 discussion leaders, 3 interviewers, 4 medical aides, and 2 terminal interviewers.

C. Gonorrhea Screening and Education:

Every client who is given a examination for contraception also has a gonorrhea culture taken. If this is found positive, contact, treatment and follow-up is provided by the Student Health Service Clinic staff. Education concerning the prevention and identification of the disease and its treatment is mentioned and literature on the disease is given out.

D. Pregnancy Counseling:

Our Pregnancy Counseling Service involves a three part plan.

First, the determination of pregnancy is accomplished. A student wondering whether she is pregnant may come or phone our clinic in which case she is referred downstairs to the general clinic to see a physician who determines if a pregnancy test is indicated and orders it if necessary. If the test is negative, the physician in the general clinic may refer her to our clinic upstairs for a contraception appointment. If the test is positive and the student is not sure about her feelings concerning the pregnancy, she is referred to our clinic for pregnancy counseling if she desires. The student (or the examing doctor) phones upstairs to make her an appointment for counseling for the next day. There is a $10.00 fee for this 1½ to 2 hour counseling session carried out by a trained volunteer. The student's sexual partner is encourged to come even if he is not a student. At the present time, there is no sliding scale nor facilities for charging. Students who cannot pay are referred. This may change if finances allow.

Second, the interview takes place which consists of nine topics.

1. The student's feelings concerning the pregnancy.
2. What her life style is in general at present and how

this pregnancy would affect it.

3. What her decision is to do with her pregnancy and her reasons; i.e., keep the baby, have it adopted, or abortion.
4. What is her relationship with her sexual partner and how will it be affected by the pregnancy. How does he feel about her pregnancy, and her (or their) decision about it.
5. What other people has she or does she plan to share her pregnancy with; especially her parents.
6. What is her contraceptive history and what will she do about contraception after delivery or abortion. Contraceptive methods are discussed.
7. What is her financial situation and what resources are available to her.
8. Exact medical procedures that may be ahead for her.
9. Referrals for direct care are made.

Third, the counselor conducts an active follow-up consisting of two parts.

1. The counselor calls within 2-3 days to see what progress is being made and if there are any problems. If so, further phone calls or counseling may be indicated.
2. After the interview, the client is given a form to return by mail detailing how her selected course-of-action came out. If this is not received, phone calls are made to secure its arrival.

E. Pre-Marital Counseling and Examination:

Our pre-marital counseling service involves a five part plan.

First, the registered male or female student is sent to the hospital laboratory for a VDRL blood test the week prior to his clinic appointment. The results of the exam are sent to our clinic. If the result

is positive, the student is referred to the general dispensary for treatment. If negative, the marriage health certificate is kept at the clinic until the student's appointment the following week.

Second, the student arrives at the general evening clinic. At this point he is encourged to hear the birth control discussion as described earlier. He is encourged to bring his fiancee with him to his appointment whether she is registered or not.

Third, the student (and his fiancee if she is present) have an interview during which they may bring up questions or problems related to family planning needs and may digress into the social-sexual aspects of marriage. If the volunteer interviewer feels limited in these areas she is expected to make appropriate referrals to the clinic nurse or doctor so the couple may continue their counseling or get additional referral from them.

Fourth, the student then sees the doctor and further questions and problems are discussed and explored as needed. If male, the doctor, upon interview, will decide if an examination of the genitalia is indicated. If female, the doctor performs the same exam as for the birth control client and may perscribe birth control if she has not already made plans for this for the coming year.

The doctor may feel its appropriate to also speak to the couple together or separately concerning any sexual problems or fears they may have expressed.

The doctor then signs the "Marriage Health Certificate" required by California State law for the student.

Fifth, the terminal interview is given to clear up any last minute problems and take the fee. The cost is $10.00 for males and $19.00 for females. This too will be flexible.

By making the pre-marital service part of our clinic, we hope that

more young people will seek and receive family life counseling, will use family planning at the start of their marriage, and will thus be better prepared for a successful marriage in which the planning of a family becomes a reality.

F. Follow-Up and Return Appointments:

At the present time, follow-up for contraception clients is client-initiated (except for IUD insertion clients who are given a 6 week appointment at the time of the insertion and are contacted for a re-appointment if they fail to keep the original appointment.) Since the initial exam fee includes revisits for a year, we are hopeful that the lack of charge for return visits, the central location of Cowell Hospital on the campus, and our encourgement to students to "come back for return visit if you feel like it" brings in those with problems. (We do attempt to do some screening for visits via phone, however, especially when problems are of a minor nature and only additional information or support is needed. At present 30% of our visits are no charge revisits. As of January 1971 we are sending out a follow-up questionnaire to determine how well our service is meeting client needs.

In the pregnancy counseling service program, clients receive a follow-up phone call within 2-3 days of their counseling and a follow-up letter in 2-3 weeks.

G. Referral for Other Diseases or Problems:

If a physical or emotional problem is identified during the clinic appropriate referrals are made to Cowell Hospital General Clinic or Psychiatric Clinic or other appropriate campus or community agencies.

EVALUATION

The plan includes a seven part program.

A. After the clinic has been open one year we will check the number of pregnancy tests done at Cowell, and the number of positive tests.

B. We will draw up a questionnaire to send out to clients or administer on a personal basis when they come in to buy supplies to gather data on satisfaction and degree of use of the methods perscribed.for them at this clinic. Other evaluation questions may concern how they felt our service met their needs, what they might liked changed, etc.

C. At the present time, we are in the process of gathering data on our IUD insertion patients. We have mailed out a short questionnaire concerning post-IUD insertion successes and failure and reasons.

D. After each clinic, all clinic staff (volunteer and paid) meet for ½ hour post conference to evaluate that clinic. Suggestions and problems are weighed, client comments and suggestions are presented, informal inservice education is done and appropriate changes are referred to client co-ordinator for implementation.

E. Student liason volunteers bring back informal messages from fellow students concerning their feelings of receptiveness and suitability of clinic for them.

F. The pregnancy counseling service is presently participating in a research project with the school of Social Welfare on "The Unmarried Pregnant Teenager." A major part of this study will deal with the benefits of pregnancy counseling vs. no counseling.

G. On the pregnancy counseling follow-up form, we are asking

the question: "What are your comments on this service and how could we have helped you better?"

Our future plans for evaluation include the following:

A. Out-reach personnel to interview clients in-depth concerning their appraisal of clinic services.

B. Further liasons will be set up with the School of Public Health, the Department of Psychology (and other appropriate agencies) to use this clinic as a research facility and field training position for physicians and graduate students. We will also recruit volunteers from these areas.

ADDITIONAL COMMENTS

A. <u>Physical Facilities:</u>

At present our physical facilities are located in Cowell Memorial Hospital, along with the University of California at Berkeley Student Health Service. This is advantageous in that the students are familiar with the building and we can use the same service for our referrals. We have two offices of our own on the 3rd floor (one is occupied by the clinic clerk and a telephone volunteer to take appointments, sell supplies, answer questions, organize supplies for evening clinics, etc. The adjoining office is used jointly by the clinic co-ordinator and the pregnancy counseling - volunteer co-ordinator.) The facilities for the evening service clinic are "borrowed" from the day clinics. Unfortunately, there is no storage available and we must move our supplies on wheels. Using facilities at night, however, when everyone has left affords us a great deal of space otherwise unavailable. We use the psychiatry wing with its discussion room and many private offices for our receptioning, class discussion and interviews. Adjacent to this is the GYN suite where we do our doctor's exam. Aside form being somewhat cramped in our GYN suite, the facilities are more

than adequate. However, we would be unable to organize a daytime clinic due to the space being used for other clinics.

B. Employed Staff:

1. Clinic Co-Ordinator:

A. Qualifications: Nurse with an M. S. and experience in family planning, administration, and counseling useful.

B. Functions: General supervisor of clinic, implements & changes policy, forms liasons with other agencies, expands clinic, supervises other staff directly when indicated, implements research & evaluation.

2. Nurse Counselor (for evening clinic)

A. Qualifications: Nurse with an M. S.

B. Functions: Supervises evening clinic in its entirety, including leading post conferences. Due to the number of volunteers with possibly limited backgrounds functioning in the clinic situation and due to the nature of the information clients share with our staff, (their feelings on contraception, sex, etc.), a sensitive person with a strong background in interpersonal interaction and anxiety is used. Volunteers are instructed to take clients with emotional problems to the nurse & she does professional counseling and referral. (This saves physician time, too.)

3. Clinic Physicians:

A. Qualifications: M. D. with interest and aptitude for team care of client and w rmth and empathy for clientele. GYN competancy naturally desirable, but not as necessary as first qualities. Indeed we see ourselves as a training ground in family planning for physicians otherwise inexperienced in this area.

B. Functions: Performs medical examination for birth control

gives necessary support and counseling in sex and contraception, provide medical commentary in post-conferences, is available for staff training sessions.

4. Clinic Social Work Assistant:

   A. Qualifications: Background in family planning and/or youth if possible.

   B. Functions: Operates pregnancy counseling program, trains all volunteers and provides ongoing supervision for them.

5. Clerk:

   A. Qualifications: Experienced in receptioning, typing, file keeping desired. Is interested in and has supportive attitude toward clientele.

   B. Functions: Record Keeping, receptioning, setting up evening clinics, ordering and maintaining supplies, handling daily problems of clients with warmth and support.

C. Volunteers:

The 64 volunteers we train and supervise fall into 4 main categories and allow us to provide broad-based and out-reach service on a limited budget.

1. Clinic Volunteers: 12 used per clinic (total 36) in education, interviewing and medical aiding. Trained in four 3 hour sessions covering the following topics:

   a. clinic structure and services.

   b. interviewing techniques

   c. medical aspects of contraception use

   d. discussion of volunteer attitudes toward contraception

The clinic volunteers are given ongoing training once.

2. Pregnancy Counselors: 13 currently seeing students 1½-2 hour interviews. They are trained in five 3 hour sessions covering the following topics:

    a. aims of pregnancy counseling, history of abortion, state laws
    b. medical information on pregnancy, abortion and contraception
    c. resources for funding medical care
    d. referrals, forms and follow-up
    e. counseling and interviewing

The pregnancy counselors are observed during their first 2-4 training sessions and have ongoing meeting.

3. Speakers' Bureau: 6 students and 2 physician volunteers currently available. Trained in two 3 hour sessions covering:

    a. medical aspects of contraception
    b. contraceptive methods, group dynamics.

Monthly ongoing training and information exchange one monthly.

4. Office Volunteers: 10 currently serving in office on ½ day basis as receptionists and assisting paid clerk. Trained on-the-job and supervised on an ongoing basis by clerk.

The volunteers are recruited from both the campus and outside community and we impose no age, sex or educational restrictions for the general clinic. An exception to this is the pregnancy counselors who must be at least 21 years old and have had some professional experience in helping relationships with people. Most volunteers are graduate and undergraduate students, young professionals and housewives who have been interviewed, trained and supervised to determine their suitability.

We feel the training of young volunteers makes a valuable future

contribution to the community and society as these individuals gain a fund of knowledge and experience to offer to others in the community.

We feel a responsibility & share our experiences in this fairly new field with all who may wish it. If you would like further information, please feel free to write or phone at the address on the title page.